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24498 7590 09/02/2008
Joseph J. Laks
Thomson Licensing LLC
2 Independence Way, Patent Operations
PO Box 5312
PRINCETON, NJ 08543
11/04/2008 RMEBRAH1 00000100 070832 10566492

01 FC:1501 1510.00 DA

02 FC:1504 300.00 DA FILING DATE

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Kathleen Lyles
Kathleen Lyles
November 3, 2008

(Depositor's name)

(Signature)

(Date)

| | | | | |
|------------|------------|-------------------|----------|------|
| 10/566.492 | 01/30/2008 | Louis Robert Lwin | PU030190 | 7302 |
|------------|------------|-------------------|----------|------|

TITLE OF INVENTION: FRAME SYNCHRONIZATION IN A UNIVERSAL MOBILE TELEPHONE SYSTEM RECEIVER

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|---|----------------|---------------------|----------------------|---|------------|
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 12/02/2008 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| ZBWDU, MELESS NMN | 2617 | 370-350000 | | | | |
| 1 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication Form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | 1 <u>Joseph J. Laks</u> 2 <u>Robert D. Shedd</u> 3 <u>Joseph J. Opalach</u> | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

THOMSON LICENSING

Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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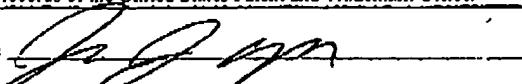
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date 11/3/08

Typed or printed name Joseph J. Opalach

Registration No. 36,229

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